

## Vehicle / Vessel Disclosure Request

We will only release personal, identifying information to you, as allowed by Washington State and Federal laws, to complete work in the normal course of your business or for the completion of a licensing or titling transaction. **Please complete the form and sign on page 2.** Use additional sheets if necessary.

**PLEASE PRINT**

COMPANY AND/OR INDIVIDUAL NAME				PHONE NUMBER (    )
MAILING ADDRESS	CITY	STATE	ZIP CODE	FAX NUMBER (    )

**1. TYPE OF INFORMATION OR SPECIFIC RECORD(S) REQUESTED:**

If the request is for a specific motor vehicle/vessel/mobile home, please indicate:

PLATE/REGISTRATION NUMBER \_\_\_\_\_ VIN/HIN NUMBER \_\_\_\_\_

MAKE/MODEL/YEAR \_\_\_\_\_ MOBILE HOME SIZE \_\_\_\_\_ LOCATION \_\_\_\_\_

POSSIBLE REGISTERED OWNER NAME \_\_\_\_\_

**2. EXPLAIN IN DETAIL, THE REASON(S) YOU NEED THE INFORMATION AND HOW YOU WILL USE IT:****3. IF THE VEHICLE/VESSEL/MOBILE HOME IS IN YOUR POSSESSION, HOW DID YOU OBTAIN IT?****4. WILL YOU GIVE THE PERSONAL RECORD INFORMATION TO ANYONE ELSE?**

NO ☐ YES ☐ (IF YES EXPLAIN WHO AND WHY)

**5. WILL YOU CONTACT THE OWNER(S) OF RECORD?    ☐ NO    ☐ YES    (IF YES EXPLAIN HOW AND WHY)**

- ☐ **I am an individual involved in a licensing or titling transaction, or seeking my own record(s)**
- If you are requesting a record at any licensing office, you will need to provide the following:
    - a) Picture identification
    - b) A completed request form
  - If you are mailing or faxing a record request form, it must be signed, dated, and notarized.
- ☐ **I represent a business**
- Provide a copy of the unexpired business license. If your business is not required to be licensed in this state, your Federal employer identification number/Federal tax number (or Uniform Business Identifier) **on official letterhead with a notarized signature** of the owner or an authorized representative, will be required.
- ☐ **I am an attorney**
- Provide a copy of your unexpired business license or bar card.
- ☐ **I am a private investigator**
- Provide a copy of your private investigator license.
- ☐ **I represent a government agency**
- Print agency name: \_\_\_\_\_
- ☐ **I represent a non-profit organization**
- Provide a copy of the Articles of Incorporation, filed with the Secretary of State, or a copy of Tax Exempt Status from the Internal Revenue Service [501(c)(3)].

**ALL REQUESTS ARE REVIEWED ACCORDING TO STATE AND FEDERAL DISCLOSURE LAWS.  
WE WILL RESPOND TO YOU WITHIN FIVE BUSINESS DAYS FOLLOWING THE RECEIPT OF YOUR REQUEST.**

**Agreement to protect information and lists of individuals including from use for a commercial purpose**

Except as provided for in 18 USC Sec. 2721 (DPPA), RCW 46.12.370, 46.12.380 and WAC 308-93-087, I hereby agree that the information provided to me by the Department of Licensing shall not be divulged to any third party. The information will not be used for any purpose other than stated on this application, or for commercial purpose by any other individual or organization I represent. I will not use, or facilitate the use of, the information for the purpose of making any unsolicited business contact with a person named in the disclosed information.

I declare under penalty of perjury under the laws of the State of Washington that all of the information on this application is true and correct.

REQUESTER'S NAME ( PLEASE PRINT) \_\_\_\_\_

DATE \_\_\_\_\_

REQUESTER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

If signing on behalf of another person, enter: \_\_\_\_\_

NAME OF WARD OR MINOR CHILD \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

NOTARY SEAL OR STAMP	<b>NOTARIZATION / CERTIFICATION</b>	
	State of _____	Signed or attested
	County of _____	before me on _____
	by _____	Signature _____
	Printed Name of Person Signing Document	Notary / Agent Signature
	Notary's Name ( <b>PRINTED or STAMPED</b> ) _____	
	Title _____	<b>AND:</b> County / Office No. <b>OR</b> _____
	Notary / Agent	Notary Expiration Date _____

**PLEASE MAIL OR FAX COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION TO:**

**DEPARTMENT OF LICENSING  
ATTN PUBLIC DISCLOSURE  
PO BOX 2957  
OLYMPIA WA 98507-2957  
(360) 902-3780  
FAX # (360) 902-3827**